

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Facility Information

Facility Name: COUNTRY LIFE AFH (0010042)
Address: 6887 TOWNLINE ROAD, HATLEY, WI 54440
License Status: REGULAR
Licensed/Certified/Registered 06/10/2003
Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0094359 **End Date:** 03/02/2005 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092368 **End Date:** 04/08/2004 **Type:** OTHER **Purpose:** COMPLAINT
Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009255 Served 04/17/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(2)(b)2	PROGRAM STATEMENT	03/02/2005	Yes
88.04(2)(a)	RESPONSIBILITIES	03/02/2005	Yes
88.04(3)	FINANCIAL SECURITY	03/02/2005	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	03/02/2005	Yes
88.06(2)(c)6	PERSONAL FUNDS	03/02/2005	Yes
88.09(1)(d)11	RESIDENT FUNDS	03/02/2005	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Enforcement History

Date: 04/16/2004	SOD # 10009255	Appealed: Yes	Decision: WITHDRAWN APPEAL (NO STIPULATIO
<u>Sanctions</u>			
COMPLY WITH REQUIREMENT			

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Complaint History

Date Complaint Received: 03/19/2004

Date Investigation Completed: 04/08/2004

Subject Area(s)

Result

SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE

SUBSTANTIATED

10009255

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.